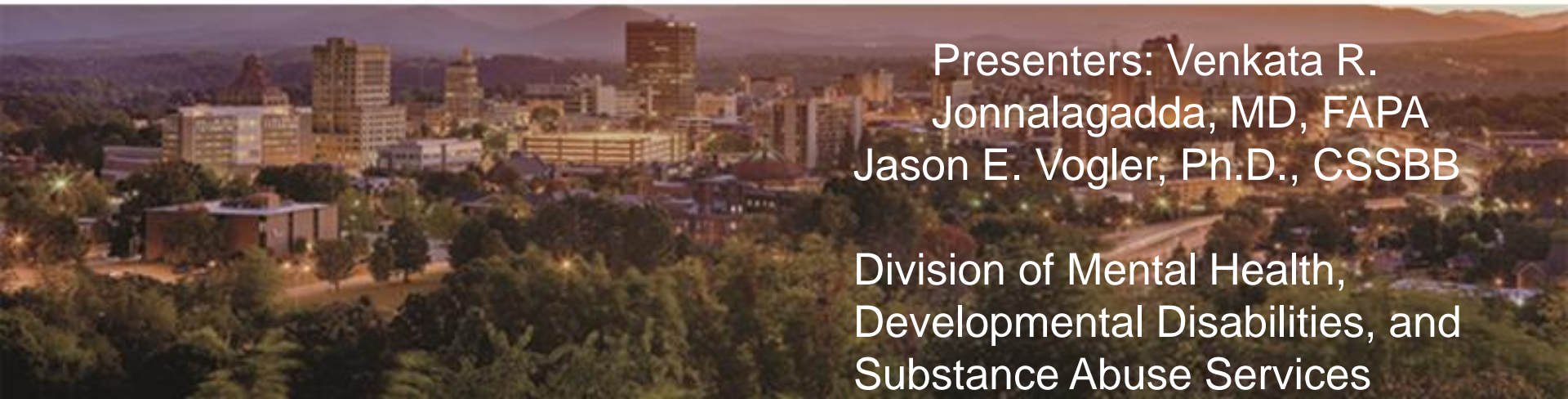




**Joint Legislative Oversight Committee
on Health and Human Services
November 21, 2016**

**Community Paramedic Mobile Crisis Management Pilot
Program- Final Report(S.L. 2015-241, Sec 12F.8(d))**



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**Division of Mental Health,
Developmental Disabilities, and
Substance Abuse Services**

Goals of the Behavioral Health Community Paramedicine pilot program

- **To divert people with mental health crises to specialized behavioral health services, rather than to an emergency department (E.D.)**
- **To ensure that people with behavioral health needs receive the least intrusive care necessary to meet their needs.**
- **To reduce E.D. use and inpatient care, when appropriate, to help control or reduce costs.**



Resources and Requirements

- Session law 2015-241, section 12F.8.(8) included \$225,000 in non-recurring funds to the state's Division of MH/DD/SAS.
- Priority was given to 13 EMS programs that were either actively diverting people with behavioral health crises from the ED or were developing processes for doing so.
- Requirements included:
 - Three-way partnership between LME-MCO, EMS, and Behavioral health urgent care center.
 - Standards to be met by paramedics – completion of CIT training.
 - Data collection – using the Division's web-based data collection tool



Project Implementation

Phase One: Laying the groundwork

- \$5,000 mini-grants awarded for “capacity building.”
- Paramedics received CIT training.
- Community assessment of resources.
- Protocols developed.
- Agreements negotiated between partners (EMS, crisis facilities, EDs, etc.)
- Contracts between EMS and LME-MCOs for reimburse for services.
- Training on web-based assessment tool.

Phase Two: Providing the service

- Determined that approx. 1/3 of EMS behavioral health interventions could be diverted.
- Receive \$164 per event that was resolved on-scene.
- Receive \$211 per event that involved transport to a crisis alternative to the ED.



Special conditions for “eligible partnerships”

- **Agree to maintain the behavioral health (BH) crisis response service throughout the contract period, even if federal / state dollars are exhausted.**
- **Agree to continue reporting even if/when funds for reimbursement are exhausted before the end of the contract period.**
- **Understand that DMH/DD/SAS does not guarantee funding in future years.**

The 13 Original EMS Agencies* and their Original LME-MCO partners

- Wake EMS & Durham EMS – *Alliance LME-MCO*
- Orange EMS, Halifax EMS, Franklin EMS – *Cardinal Innovations LME-MCO*
- Forsyth EMS, Stokes EMS, & Rockingham EMS – *CenterPoint LME-MCO***
- Lincoln EMS – *Partners Behavioral Health LME-MCO*
- Guilford EMS – *Sandhills LME-MCO*
- McDowell EMS – *Vaya Health LME-MCO*
- Onslow EMS & Brunswick EMS – *Trillium LME-MCO*

** Three additional EMS agencies received start-up funds in May 2016 – in Buncombe, Davie, and Johnston counties.*

*** CenterPoint LME-MCO is now Cardinal Innovations LME-MCO.*

What the data show

Fiscal Year FY16

Transportation Counts

For Svc Events Reported with FY16 Dates

EMS Program	No Transport (Treat on Scene)	Transported to Alternative Location	Transported to ED	Transported to Psychiatric Hospital	Grand Total	No Transport Svc Value @\$164	Alt Loc Svc Value @\$211	Total Value
Durham EMS	41	9	124		174	\$ 6,724	\$ 1,899	\$ 8,623
Forsyth EMS	2		4		6	\$ 328	\$ -	\$ 328
Guilford EMS		6	6	7	19	\$ -	\$ 1,266	\$ 1,266
Halifax EMS	3	1	422		426	\$ 492	\$ 211	\$ 703
Lincoln EMS	52	59	263		374	\$ 8,528	\$ 12,449	\$ 20,977
McDowell EMS	17	5			22	\$ 2,788	\$ 1,055	\$ 3,843
Onslow EMS	79	85	348		512	\$ 12,956	\$ 17,935	\$ 30,891
Wake EMS	272	200	930	75	1,477	\$ 44,608	\$ 42,200	\$ 86,808
Grand Total	466	365	2,097	82	3,010	\$ 76,424	\$ 77,015	\$ 153,439

466

365

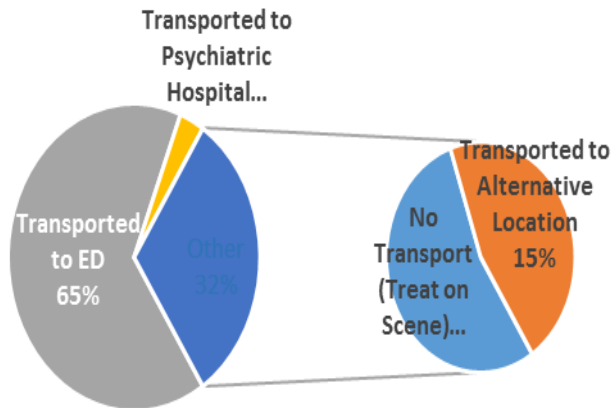
2,097

82



Where our consumers were taken

Transport Destination for Programs
Operating for the Full Year
(Lincoln, Onslow and Wake)

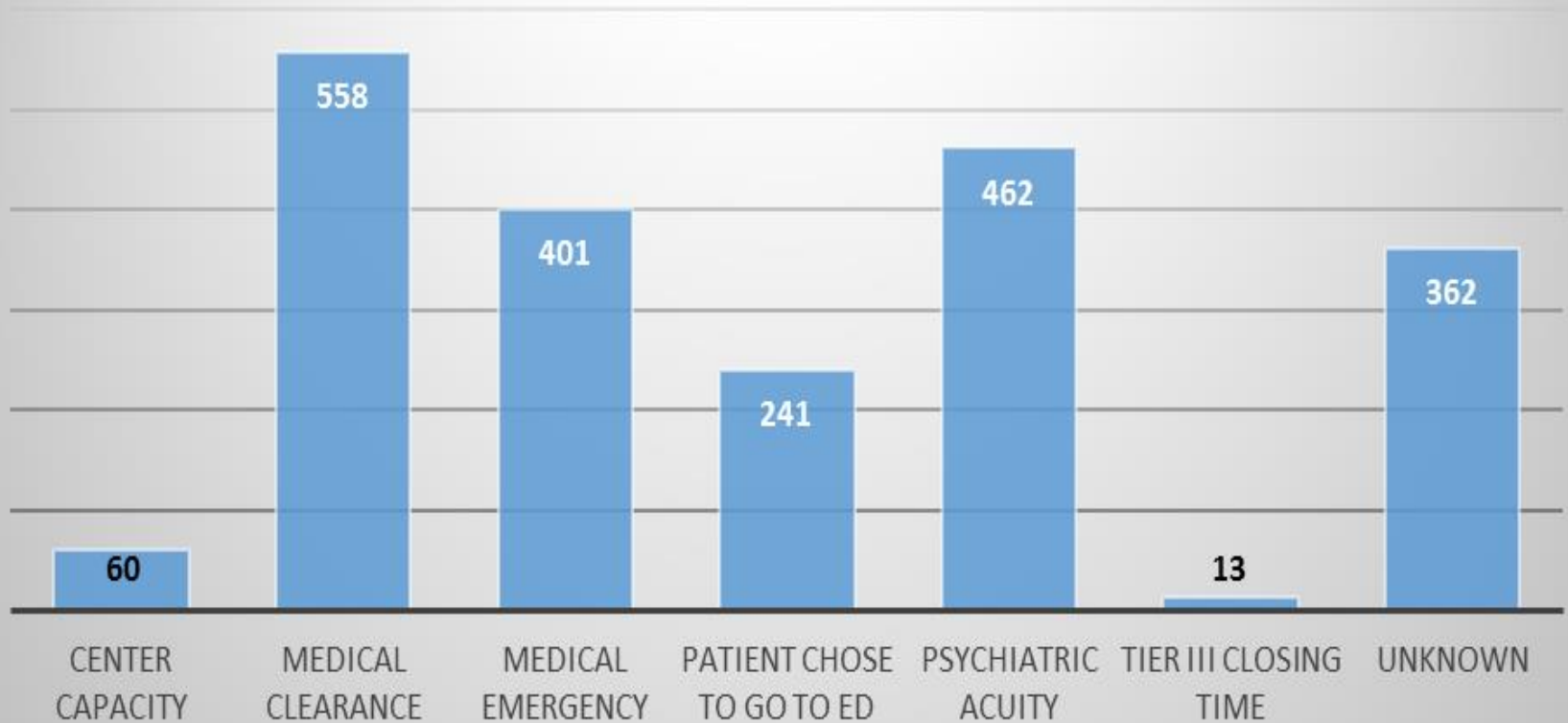


32% were Diverted from ED under this Pilot

Count of Persons Transported to Alternative Sites

EMS Program	Destination Facility	Count
Durham EMS	Durham Center Access	8
	Recovery Response Center	1
Guilford EMS	Monarch-Bellemeade Center	6
Halifax EMS	RHA	1
Lincoln EMS	Crisis Detox	6
	Lincoln Wellness Center	36
	Phoenix	17
McDowell EMS	RHA Walk In Clinic	5
Onslow EMS	RHA	84
	Missing	1
Wake EMS	Healing Transitions	31
	Wakebrooke	169
Grand Total		365

If Transported to ED from scene, Why?



If Transported to ED from scene, Why?

EMS Program	Center Capacity	Medical Clearance	Medical Emergency	Patient Chose to Go to ED	Psychiatric Acuity	Tier III Closing Time	Unknown	Grand Total
Durham EMS	1	31	71	4	17			124
Forsyth EMS			1	1	2			4
Guilford EMS	5			1				6
Halifax EMS	1	29	31	1	359	1		422
Lincoln EMS	1	35	83	113	19	12		263
Onslow EMS		1	4	3	30		310	348
Wake EMS	52	462	211	118	35		52	930
Grand Total	60	558	401	241	462	13	362	2097

If Transported to ED from Altern. Destination, Why?

EMS Program	Medical Clearance	Medical Emergency	Patient Chose to Go to ED	Psychiatric Acuity	Unknown	Grand Total
Lincoln EMS	2	1	1	3	1	8
Wake EMS		16		1		17
Grand Total	2	17	1	4	1	25

Success in diverting to a lower level of care following discharge from the alternative site

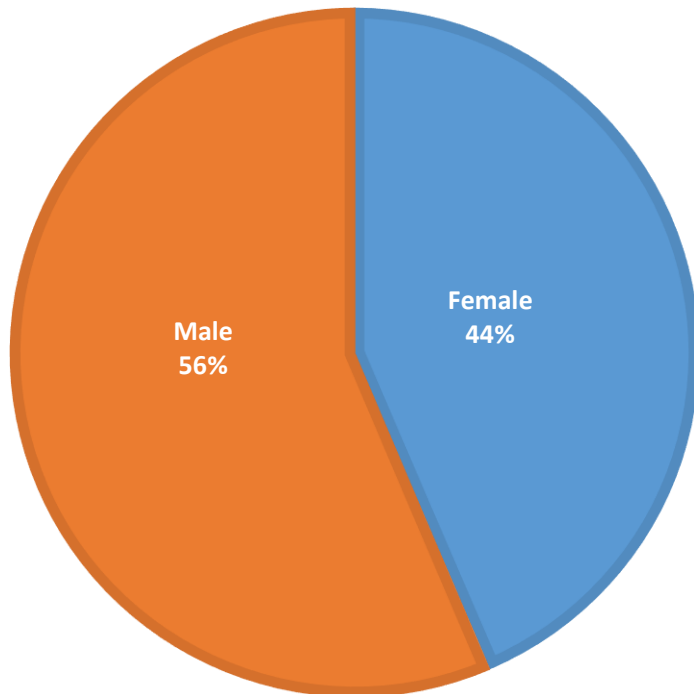
48% Diverted to Lower Level of Care													
EMS Program	Outpatient/ Community MHDDSA Svcs or Supports	Facility Based Crisis	Non- Hospital Detox	Home pending LOC availability	Transfer to a Hospital ED	Community Psychiatric Inpatient service	Jail/Deten tion Center	Psychiatric Residential Treatment Facility	State Psychiatric Hospital	VA Hospital	Left AMA/Refu sed Services	Transfer to a Tier IV BH Urgent Care Ctr	Grand Total
Durham EMS	3	1				2					3		9
Halifax EMS	1												1
Lincoln EMS	10	25		3	8	1					8		55
McDowell EMS	4										1		5
Onslow EMS												2	2
Wake EMS	28	30	28	5	17	73	1	2	4	1	8		197
Grand Total	46	56	28	8	25	76	1	2	4	1	20	2	269
Percent of Total	17%	21%	10%	3%	9%	28%	0%	1%	1%	0%	7%	1%	100%



Who was served?

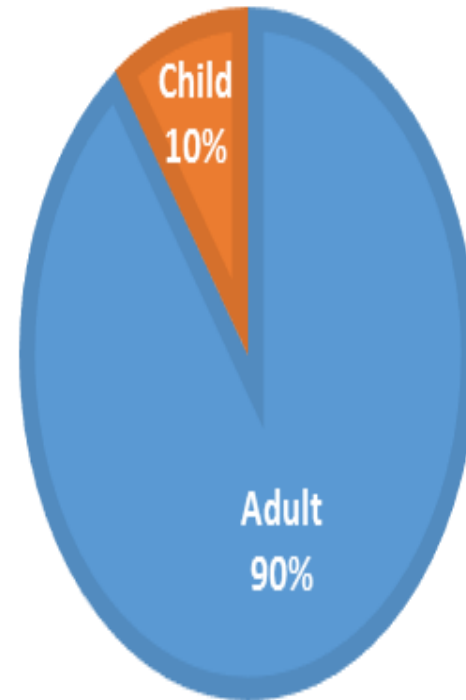
RECIPIENT GENDER

RECIPIENT GENDER



AGE GROUP

AGE GROUP



Disability of Persons Served who were Diverted from the ED

EMS Program	Mental Illness (MH)	Substance Use Disorder (SUD)	MH/SUD	Intellectual / Developmental Disability (IDD)	MH/IDD	Grand Total
Durham EMS	38	8	4			50
Forsyth EMS	1				1	2
Guilford EMS	5		1			6
Halifax EMS	4					4
Lincoln EMS	77	10	20	4		111
McDowell EMS	16	3	2		1	22
Onslow EMS	130	19	15			164
Wake EMS	245	163	60	1	3	472
Grand Total	516	203	102	5	5	831
% of Total	62%	24%	12%	1%	1%	100%

Recent developments

- **Approximately \$159,000 in carry forward funding approved.**
 - The amount each LME-MCO receives in carry forward funds in SFY 16-17 depends on how much was spent in SFY 15-16.
- **Mental health block grant funds totaling \$200,000 were approved for this project for FFY 16-17.**
 - **Total amount of state funds available in FY 16-17 = \$359,000**

Into the future – and beyond!

- **The actuarial review and cost – benefit analysis will be completed by OEMS this fiscal year.**
- **If data supports the project, and cost savings are realized, we can seek additional funds for FY 17-18 and consider expansion and request continual funds.**
- **Finally, OEMS, working with DMA, may propose a Behavioral Health Community Paramedicine service definition that will enable Medicaid reimbursement for this service.**

The Successes:

- **Early data does indicate a reduction in cost based on diversion to lower levels of care – consumers who would have otherwise been sent to an emergency department.**
- **By connecting individuals to the more appropriate service for the immediate need, better more cost effective care and outcomes are the true success for the health and safety of all North Carolinians.**

“Right service, at the right time, for the right patient – with an eye on cost and quality.”

